DRAFT HEAP City Support Letter

Provider Name
Provider Address
Etc.

Date

Dear (Provider Contact),

The City of (fill in the blank) is in support of (Provider Agency Name) providing homeless services funded through the Homeless Emergency Aid Program (HEAP) within our jurisdiction.

It is understood that (Provider Name) will provide the following services (defined by the provider for the City support letter) through the HEAP funds. It is also understood that (Provider Name) will provide the City with any changes to the project as they occur.

Sincerely,

(Signed by the City Manager or City Designee)